Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective March 1, 2019-June 30, 2019



Rates Effective March	1, 201	J-Juii	- 30,	2013		Data	Doto		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate ffective /01/2019	Rate ffective 6/01/2019	Unit Value	Comments
Adult Day Services									
Basic	S5105	U1				\$ 24.77	\$ 24.77	1/2 Day	An individual unit is 3 5 hours per day;
Specialized	S5105	U1	TF			\$ 31.62	\$ 31.62	1/2 Day	Maximum 520 units
Adult Day Service Trans									
Taxi	A0100	U1	НВ			PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1	НВ			\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	НВ		\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	НВ		\$ 25.95	\$ 25.95	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1	НВ			\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	НВ		\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	НВ		\$ 28.63	\$ 28.63	1 Way Trip	
Alternative Care Facility (ACF)	T2031	U1				\$ 64.88	\$ 64.88	Day	
Consumer Direct Attend	ant Sup	oort Se	ervices	(CDA	SS)				
CDASS Homemaker	T2025	U1				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Personal Care	T2025	U1				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 7.44	\$ 7.44	15 Minutes	
CDASS Per Member Per	Month, I	By FMS	S Vend	lor	•				
Morning Star Financial Services- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1				\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	U1				\$ 10.80	\$ 10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	U1				\$ 4.61	\$ 4.61	15 minutes	
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
In Home Support Service	es (IHSS)							
IHSS Health Maintenance	H0038	U1				\$ 7.44	\$ 7.44	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$ 4.61	\$ 4.61	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$ 4.61	\$ 4.61	15 minutes	



Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective March 1, 2019-June 30, 2019



Rates Effective March	1, 201	J-Juli	c 30,	2013			_		_		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2019		Rate ffective /01/2019	Unit Value	Comments
IHSS Relative Personal Care	T1019	U1	HR	KX		\$	4.61	\$	4.61	15 minutes	
Life Skills Training	H2014	U1				\$	9.38	\$	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Reminder										•	
Install/Purchase	T2029	U1					NR*		NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1					NR*		NR*	Month	1 unit = 1 month
Non Medical Transporta		1 / _ ^	00 + :		04.	1 - 1			1-		
All types except Adult Day			u8 trip	s, or 1	04 roui			rvic			
Taxi Mobility Van	A0100	U1					PUC*		PUC*	1 Way Trip	
Mileage Band 1 (0-10											
miles)	A0120	U1				\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1				\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$	28.63	\$	28.63	1 Way Trip	
Non-Medical Transporta	tion, Loc	al Pub	lic Tra	ansit							
RTD Local	A0110	U1	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	TT	НВ		\$	57.00	\$	57.00	Monthly	
RTD Local	A0110	U1	TK			\$	14.00	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	TK	НВ		\$	14.00	\$	14.00	10 Ride Book	
RTD Local	A0110	U1	TF			\$	3.00	\$	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	TF	НВ		\$	3.00	\$	3.00	Day Pass	
RTD Local	A0110	U1	TN			\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U1	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	SE			\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride	A0110	U1	TG			\$	30.00	\$	30.00	6 Ride Book	

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf



Version: 1.4

Date: 04/11/2019

Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective March 1, 2019-June 30, 2019



Rates Effective March	•						Rate		Rate		
Service Description	Proc	Mod	Mod	Mod	Mod	E	ffective	E	Effective	Unit Value	Comments
·	Code	#1	#2	#3	#4	01	/01/2019	03	3/01/2019		
RTD Local- Access A											
Ride To and From Adult	A0110	U1	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Day											
Non-Medical Transporta				Trans	it						
RTD Regional	A0110	U1	CG			\$	99.00	\$		Monthly	
From Adult Day	A0110	U1	CG	HB		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	U1	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	U1	TU			\$	5.25	\$	5.25	Day Pass	
From Adult Dov	A0110	U1	TU	HB		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	U1	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	нс			\$	9.00	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	U1				\$	5.36	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Emergency Res	sponse S	Systen	ı (PER	S)							
Install/Purchase	S5160	U1					NR*		NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1					NR*		NR*	Month	1 unit = 1 month
Personal Care	T1019	U1				\$	4.61	\$	4.61	15 minutes	
Personal Care Relative	T1019	U1	HR			\$	4.61	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respite Care Combined maximum of 30) days pe	r certifi	cation	period	for Re	espit	te Care pro	ovic	led in an A	.CF, In Home, o	r a Nursing Facility
ACF (Alternative Care Facility)	S5151	U1				\$	58.39	\$	58.39	Day	
In-Home Respite	S5150	U1				\$	4.99	\$	4.99	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1				\$	130.21	\$	130.21	Day	
Community Transition S	ervices										
Coordinator	T2038	U1				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

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Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective March 1, 2019-June 30, 2019



	_,		,						
	Proc	Mod	Mod	Mod	Mod	Rate	Rate		
Service Description	Code	#1	#2	#3	#4	Effective	Effective 03/01/2019	Unit Value	Comments

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U1	Elderly, Blind and Disabled Waiver (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf

Community Mental Health Supports (CMHS) Waiver



Rates Effective March 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2019		Rate fective /01/2019	Unit Value	Comments
Adult Day Services		ī		ī	1	1					
Basic	S5105	UA				\$	24.77	\$	24.77	1/2 Day	An individual unit is 4-5 hours per day; Maximum
Specialized	S5105	UA	TF			\$	31.62	\$	31.62	1/2 Day	520 units
Adult Day Services	•										
Taxi	A0100	UA	НВ			F	PUC*		PUC*	1 Way Trip	
Mobility Van		ı	•	ı		1				T	<u> </u>
Mileage Band 1 (0-10 Miles)	A0120	UA	НВ			\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	НВ		\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	НВ		\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	UA	НВ			\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	НВ		\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	НВ		\$	28.63	\$	28.63	1 Way Trip	
Alternative Care Facility (ACF)	T2031	UA				\$	64.88	\$	64.88	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed	Attenda	nt Ser	vices	(CDA	SS)						
CDASS Homemaker	T2025	UA				\$	4.20	\$	4.20	15 Minutes	
CDASS Personal Care	T2025	UA				\$	4.20	\$	4.20	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$	7.44	\$	7.44	15 Minutes	
CDASS Per Member	Per Mo	nth, B	y FMS	Vend	or						
Morning Star Financial Services- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	UA				\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UA				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	UA				\$	10.80	\$		Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	UA				\$	4.61	\$	4.61	15 minutes	A
Home Modification	S5165	UA				NR*		NR	*	Per Modification	\$14,000.00 Lifetime Maximum



Version: 1.4

Date: 04/11/2019

Community Mental Health Supports (CMHS) Waiver



Rates Effective March 1, 2019-June 30, 2019

Service	Proc	Mod	Mod	Mod	Mod		Rate		Rate		
Description	Code	#1	#2	#3	#4		ective 1/2019		ective 01/2019	Unit Value	Comments
Life Skills Training	H2014	UA				\$	9.38	\$		15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Remind	er										
Purchase	T2029	UA				NR*		NR*		Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*		NR*		Month	1 unit = 1 month
Non Medical Transp All types except Adul			d to 20)8 trips	s. or 10)4 roui	nd trips				
Тахі	A0100	UA	<u> </u>	o unpe), O. 10	PUC*		PUC ³	*	1 Way Trip	Γ
Mobility Van	A0100	UA				1 00		1 00		ir way mp	
Mileage Band 1 (0- 10 Miles)	A0120	UA				\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0120	UA	TT			\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0- 10 Miles)	A0130	UA				\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11- 20 Miles)	A0130	UA	TT			\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$	28.63	\$	28.63	1 Way Trip	
Non-Medical Transp	ortation	, Loca	ıl Pub	lic Tra	nsit						
RTD Local	A0110	UA	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	UA	тт	НВ		\$	57.00	\$	57.00	Monthly	
RTD Local	A0110	UA	TK			\$	14.00	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	UA	TK	НВ		\$	14.00	\$	14.00	10 Ride Book	
RTD Local	A0110	UA	TF			\$	3.00	\$	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	UA	TF	НВ		\$	3.00	\$	3.00	Day Pass	
RTD Local	A0110	UA	TN			\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	UA	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UA	SE			\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride	A0110	UA	TG			\$	30.00	\$	30.00	6 Ride Book	



Version: 1.4

Date: 04/11/2019

Community Mental Health Supports (CMHS) Waiver



Rates Effective March 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2019		Rate Effective 8/01/2019	Unit Value	Comments
RTD Local- Access A Ride To and From Adult Day	A0110	UA	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transp		, Regi		Public	Trans	it					
RTD Regional	A0110	UA	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional To and From Adult Day	A0110	UA	CG	НВ		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	UA	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	UA	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	UA	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	UA	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UA	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	UA	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UA	НС			\$	9.00	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	UA	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UA				\$	-	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Emergence			ystem	(PER	S)						
Install/Purchase	S5160	UA				NF		NF		Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NF		NF		Month	1 unit = 1 month
Personal Care	T1019	UA				\$	4.61	\$	4.61	15 minutes	
Personal Care- Relative	T1019	UA	HR			\$	4.61	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
Respite Care Combined maximum	of 30 day	ys per	certific	cation	period	for	Respite Ca	are p	orovided in	an ACF or a Nu	ırsing Facility
Alternative Care Facility (ACF)	S5151	UA				\$	58.39	\$	58.39	-	
Nursing Facility	H0045	UA				\$	130.21	\$	130.21	Day	
Community Transiti	on Servi	ces		ı						<u> </u>	40 % (40 !)
Coordinator	T2038	UA				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	UA				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment



Version: 1.4

Date: 04/11/2019

Community Mental Health Supports (CMHS) Waiver



Rates Effective March 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
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	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
UA	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

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Brain Injury (BI) Waiver

Rates Effective March 1, 2019-June 30, 2019



Rates Effective Marc	,		-				Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	fective 01/2019		fective 01/2019	Unit Value	Comments
Adult Day Services	S5102	U6				\$	52.14	\$	52.14	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Tran	sportati	on									
Taxi	A0100	U6	НВ			PUC	C*	PU	C*	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 Miles)	A0120	U6	НВ			\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	НВ		\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	НВ		\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	U6	НВ			\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	НВ		\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	НВ		\$	28.63	\$	28.63	1 Way Trip	
Assistive Technology	T2029	U6				NR*		NR	*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$	14.71	\$	14.71	30 Minutes	
Day Treatment	H2018	U6				\$	82.72	\$	82.72	Day	
Consumer Direct Attend	lant Sup	ports a	and Se	rvices	(CDAS	SS)					
CDASS Homemaker	T2025	U6				\$	4.20	\$	4.20	15 minutes	
CDASS Personal Care	T2025	U6				\$	4.20	\$	4.20	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$	7.44	\$	7.44	15 minutes	
CDASS Per Member Per	Month,	By FM	S Vend	dor		1					
Morning Star Financial Services- FEA	T2040	U6				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	U6				\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U6				\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U6				\$	10.80	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Modification	S5165	U6				NR*	•	NR	*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$	37.52	\$	37.52	Hour	



Brain Injury (BI) Waiver

Version: 1.4

Date: 04/11/2019

Rates Effective March 1, 2019-June 30, 2019



	, -			2019			Rate		Rate		
Service Description	Proc	Mod	Mod	Mod	Mod		fective	Ef	fective	Unit Value	Comments
·	Code	#1	#2	#3	#4	01/	01/2019	03/	01/2019		
Mental Health Counselir	ng										
Individual	H0004	U6				\$	15.19	\$	15.19	15 minutes	
Family	H0004	U6	HR			\$	15.19	\$	15.19	15 minutes	
Group	H0004	U6	HQ			\$	8.51	\$	8.51	15 minutes	
Non Medical Transporta											
All types except Adult Day			208 trip	s, or 10)4 rour				<u> </u>	L	
Taxi	A0100	U6				PU	<i></i>	PU	<u>C*</u>	1 Way Trip	
Mobility Van											
Mileage Band 1 (0-10 Miles)	A0120	U6				\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 Miles)	A0130	U6				\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$	28.63	\$	28.63	1 Way Trip	
Non-Medical Transporta	tion, Lo	cal Pul	blic Tra	ansit							
RTD Local	A0110	U6	TT			\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U6	TT	НВ		\$	57.00	\$	57.00	Monthly	
RTD Local	A0110	U6	TK			\$	14.00	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U6	TK	НВ		\$	14.00	\$	14.00	10 Ride Book	
RTD Local	A0110	U6	TF			\$	3.00	\$	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U6	TF	НВ		\$	3.00	\$	3.00	Day Pass	
RTD Local	A0110	U6	TN			\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U6	TN	НВ		\$	1.50	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U6	SE			\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride	A0110	U6	TG			\$	30.00	\$	30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transporta	ition, Re	gional	Public	Trans	it						
RTD Regional	A0110	U6	CG			\$	99.00	\$	99.00	Monthly	

Brain Injury (BI) Waiver

Rates Effective March 1, 2019-June 30, 2019



Rates Effective ivial C	, _0.	15 3 4.					Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		fective 01/2019		ffective /01/2019	Unit Value	Comments
RTD Regional To and From Adult Day	A0110	U6	CG	НВ		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	U6	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U6	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	U6	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U6	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	U6	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U6	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U6	НС			\$	9.00	\$	9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U6	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	U6				\$	5.36	\$	5.36	15 minutes	Available for 365 days after enrollment
Personal Emergency Re	esponse	Syster	n (PER	RS)							
Install/Purchase	S5160	U6				NR		NR		Durahaaa	1 unit = 1 purchase
Monitoring	S5161	U6				NR		NR		Month	1 unit = 1 month
Personal Care	T1019	U6				\$	4.61	\$	4.61	15 minutes	
Personal Care-Relative	T1019	U6	HR			\$	4.61	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
Respite Care Combined maximum of 7	20 hours	per ce	rtificatio	on peri	od for F	Respi	ite Care p	rovio	ded In Ho	me or in a Nurs	sing Facility
In-Home Respite	S5150	U6				\$	4.99	\$	4.99	15 minutes	Not to exceed 8 hours per day
Nursing Facility	H0045	U6				\$	123.19	\$	123.19	Day	
Substance Abuse Coun	seling										
Family	T1006	U6	HR	HF		\$	60.84	\$	60.84	Hour	
Individual	H0047	U6	HF			\$	60.84	\$	60.84	Hour	
Group	H0047	U6	HQ	HF		\$	34.09	\$	34.09	Hour	
Transitional Living Prog	gram										
Level 1	T2016	U6				\$	357.24	\$	357.24	1 Day	
Level 2	T2016	U6	НВ			\$	382.76	\$	382.76	1 Day	
Level 3	T2016	U6	HE			\$	409.34	\$	409.34	1 Day	
Level 4	T2016	U6	HK			\$	437.54	\$	437.54	1 Day	
Level 5	T2016	U6	НВ	HE		\$	463.63	\$	463.63	1 Day	
Community Transition S	Services										



Brain Injury (BI) Waiver

Rates Effective March 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
Coordinator	T2038	U6				\$ 7.66	\$ 7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U6				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Supported Living Program	T2033	U6				FS*	FS*	Day	Per diem rate set by HCPF using acuity levels of client population

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf

Spinal Cord Injury (SCI) Waiver

Version: 1.4

Date: 04/11/2019

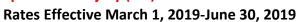
Rates Effective March 1, 2019-June 30, 2019



Rates Effective ivid	l				-		Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		fective /01/2019		fective 01/2019	Unit Value	Comments
Adult Day Services Maximum 520 units											
Basic	S5105	U1	SC			\$	24.77	\$	24.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum
Specialized	S5105	U1	SC	TF		\$	31.62	\$	31.62	1/2 Day	520 units
Adult Day Program Tuse HB modifier for tr				day pro	gram.						
Taxi	A0100	U1	SC	НВ		PU	C*	PU	C*	1 Way Trip	
Mobility Van			•	•	_					<u> </u>	
Mileage Band 1 (0-10 miles)	A0120	U1	SC	НВ		\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	sc	TT	НВ	\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	НВ	\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0-10 miles)	A0130	U1	SC	НВ		\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	НВ	\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	НВ	\$	28.63	\$	28.63	1 Way Trip	
Alternative Therapie	S										
Acupuncture	97814	U1	SC			\$	18.46	\$	18.46	15 Minutes	Maximum 204 Units per
Chiropractic	98942	U1	SC			\$	23.76	\$	23.76	15 Minutes	service; Combined
Massage	97124	U1	SC			\$	14.20	\$	14.20	15 Minutes	maximum of 408 units.
Consumer Directed	Attenda	nt Sup	port S	ervice	s (CDA	(SS					
CDASS Homemaker	T2025	U1	SC			\$	4.20	\$	4.20	15 Minutes	
CDASS Personal Care	T2025	U1	SC			\$	4.20	\$	4.20	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$	7.44	\$	7.44	15 Minutes	
CDASS Per Member	Per Mor	nth, B	y FMS	Vendo	r						
Morning Star Financial Services- FEA	T2040	U1	sc			\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1	SC			\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1	SC			\$	85.00	\$	85.00	Month	
Home Delivered Meals	S5170	U1	SC			\$	10.80	\$	10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	U1	sc			\$	4.61	\$	4.61	15 Minutes	
	_	. —			_		_				

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Spinal Cord Injury (SCI) Waiver





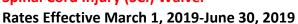
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ective		Rate ective	Unit Value	Comments
	Code	#1	#2	#3	#4	01/0	1/2019	03/0	1/2019		
Home Modification	S5165	U1	SC			NR*		NR*		Per Modification	\$14,000.00 Lifetime Maximum
In-Home Support Se	rvices (I	HSS)									
IHSS Health Maintenance	H0038	U1	SC			\$	7.44	\$	7.44	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$	4.61	\$	4.61	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$	4.61	\$	4.61	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$	4.61	\$	4.61	15 Minutes	
Life Skills Training	H2014	U1	SC			\$	9.38	\$	9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Medication Reminde	r									•	
Install/Purchase	T2029	U1	SC			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	SC			NR*		NR*		Month	1 unit = 1 month
Non Medical Transpo		line it e	-1 4 - 00	0 4	404		1 4				
All types except Adult				8 trips,	or 104					-	
Taxi Mobility Van	A0100	U1	SC			PUC	, "	PUC	<i>,</i>	1 Way Trip	
Mileage Band 1 (0- 10 miles)	A0120	U1	sc			\$	9.46	\$	9.46	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0120	U1	SC	TT		\$	17.44	\$	17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$	25.95	\$	25.95	1 Way Trip	
Wheelchair Van											
Mileage Band 1 (0- 10 miles)	A0130	U1	SC			\$	11.23	\$	11.23	1 Way Trip	
Mileage Band 2 (11- 20 miles)	A0130	U1	SC	TT		\$	21.02	\$	21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	sc	TN		\$	28.63	\$	28.63	1 Way Trip	
Non-Medical Transp	ortation	, Loca		c Tran	sit						
RTD Local	A0110	U1	SC	TT		\$	57.00	\$	57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	SC	TT	НВ	\$	57.00	\$	57.00	Monthly	
RTD Local	A0110	U1	sc	TK		\$	14.00	\$	14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	SC	TK	НВ	\$	14.00	\$	14.00	10 Ride Book	
RTD Local	A0110	U1	SC	TF		\$	3.00	\$	3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	SC	TF	НВ	\$	3.00	\$	3.00	Day Pass	

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Spinal Cord Injury (SCI) Waiver

Version: 1.4

Date: 04/11/2019





Service Description	Rates Effective Ma	arcii 1,	2013	-June	30, 2	019						
RTD Local- To and From Adult Day	Service Description						Ef		Eff		Unit Value	Comments
RTD Local-Access	RTD Local	A0110	U1	sc	TN		\$	1.50	\$	1.50	3 Hour Pass	
ARIDE A0110 U1 SC SE		A0110	U1	sc	TN	НВ	\$	1.50	\$	1.50	3 Hour Pass	
A Ride To and From Adult Day APPLIED ACCESS A RIDE TO ADDITION AD		A0110	U1	sc	SE		\$	5.00	\$	5.00	Single	
A Ride	A Ride To and From	A0110	U1	SC	SE	НВ	\$	5.00	\$	5.00	Single	
A Ridic To and From Adult Day A Mon-Medical Transportation, Regional Public Transity Non-Medical Transportation, Regional Public Transity RTD Regional A0110 U1 SC CG S 99.00 S 99.00 Monthly RTD Regional To and From Adult Day RTD Regional A0110 U1 SC TJ S 25.25 S 25.25 Box		A0110	U1	sc	TG		\$	30.00	\$	30.00	6 Ride Book	
RTD Regional	A Ride To and From	A0110	U1	SC	TG	НВ	\$	30.00	\$	30.00	6 Ride Book	
RTD Regional To and From Adult Day	Non-Medical Transp	ortation	, Regi	onal P	ublic T	ransit						
and From Adult Day A0110 U1 SC CG FB \$ 99.00 \$ 99.00 Monthly RTD Regional A0110 U1 SC TJ \$ 25.25 \$ 25.25 10 Ride Book RTD Regional To and From Adult Day A0110 U1 SC TJ HB \$ 25.25 \$ 25.25 Day Pass RTD Regional To and From Adult Day A0110 U1 SC TU HB \$ 5.25 \$ 5.25 Day Pass RTD Regional To and From Adult Day Access A Ride A0110 U1 SC EY HB \$ 2.60 \$ 10 Hour Pass RTD Regional To and From Adult Day Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC HC HB \$ 9.00 Single Peer Mentorship H2015 U1 SC S 4.61 5 4.61 15 Minute	RTD Regional	A0110	U1	SC	CG		\$	99.00	\$	99.00	Monthly	
RTD Regional		A0110	U1	SC	CG	НВ	\$	99.00	\$	99.00	Monthly	
and From Adult Day AUTIO UT SC TJ HB \$ 23.25 \$ 29.25 Book RTD Regional A0110 UT SC TU \$ 5.25 \$ 5.25 Day Pass RTD Regional To and From Adult Day A0110 UT SC EY HB \$ 2.60 \$ 2.60 3 Hour Pass RTD Regional To and From Adult Day A0110 UT SC EY HB \$ 2.60 \$ 2.60 3 Hour Pass RTD Regional-Access A Ride A0110 UT SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day-Access A Ride A0110 UT SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 UT SC HC HB \$ 9.00 \$ 5.36 15 minutes Available for 365 days after enrollment Personal Care T1019 UT SC HR \$ 4.61 \$ 4.61 15 Minutes Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emer	RTD Regional	A0110	U1	sc	TJ		\$	25.25	\$	25.25		
RTD Regional To and From Adult Day A0110 U1 SC TU HB \$ 5.25 \$ 5.25 Day Pass RTD Regional A0110 U1 SC EY \$ 2.60 \$ 2.60 3 Hour Pass RTD Regional To and From Adult Day Adult Day Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day Access A Ride A0110 U1 SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC HC HB \$ 9.00 \$ 9.00 Single Personal Care T1019 U1 SC S 5.36 \$ 5.36 15 minutes Available for 365 days after enrollment Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 15 Minutes Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS)		A0110	U1	SC	TJ	НВ	\$	25.25	\$	25.25		
And From Adult Day A0110 U1 SC IO IB \$ 3.23 \$ 3.25 Bay Pass RTD Regional A0110 U1 SC EY \$ 2.60 \$ 2.60 3 Hour Pass RTD Regional To and From Adult Day Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day Access A Ride A0110 U1 SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC S 5.36 \$ 5.36 15 minutes Available for 365 days after enrollment Personal Care T1019 U1 SC S 4.61 \$ 4.61 15 Minutes Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 \$ 4.61 15 Minutes Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS) *** *** *** *** *** *** *** *** *** *** **<	RTD Regional	A0110	U1	SC	TU		\$	5.25	\$	5.25	Day Pass	
RTD Regional To and From Adult Day A0110 U1 SC EY HB \$ 2.60 \$ 2.60 3 Hour Pass RTD Regional-Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day-Access A Ride A0110 U1 SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC HC HB \$ 9.00 \$ 5.36 15 minutes Available for 365 days after enrollment Personal Care T1019 U1 SC \$ 4.61 4.61 15 Minutes Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS)		A0110	U1	sc	TU	НВ	\$	5.25	\$	5.25	Day Pass	
RTD Regional-Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional-Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day-Access A Ride A0110 U1 SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC \$ 5.36 \$ 5.36 15 minutes Available for 365 days after enrollment Personal Care T1019 U1 SC \$ 4.61 \$ 4.61 15 Minutes Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 15 Minutes Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS) **** ***	RTD Regional	A0110	U1	sc	EY		\$	2.60	\$	2.60	3 Hour Pass	
Access A Ride A0110 U1 SC HC \$ 9.00 \$ 9.00 Single RTD Regional To and From Adult Day-Access A Ride A0110 U1 SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC \$ 5.36 \$ 5.36 15 minutes Available for 365 days after enrollment Personal Care T1019 U1 SC \$ 4.61 \$ 4.61 15 Minutes Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 15 Minutes Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS) PERSONAL CARRELL CA	_	A0110	U1	SC	EY	НВ	\$	2.60	\$	2.60	3 Hour Pass	
And From Adult Day-Access A Ride A0110 U1 SC HC HB \$ 9.00 \$ 9.00 Single Peer Mentorship H2015 U1 SC \$ 5.36 \$ 5.36 15 minutes Available for 365 days after enrollment Personal Care T1019 U1 SC \$ 4.61 \$ 4.61 15 Minutes Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 15 Minutes Personal Emergency Response System (PERS)		A0110	U1	sc	НС		\$	9.00	\$	9.00	Single	
Personal Care T1019 U1 SC	and From Adult Day-	A0110	U1	SC	НС	НВ	\$	9.00	\$	9.00	Single	
Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 \$ Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS)	Peer Mentorship	H2015	U1	sc			\$	5.36	\$	5.36	15 minutes	
Relative Personal Care T1019 U1 SC HR \$ 4.61 \$ 4.61 I5 Minutes not to exceed 1776 (444 hours) units per year (8.485.200) Personal Emergency Response System (PERS)	Personal Care	T1019	U1	SC			\$	4.61	\$	4.61	15 Minutes	
	Care	T1019					\$		\$	4.61	15 Minutes	hours) units per year
Install/Purchase S5160 U1 SC NR* NR* Purchase 1 unit = 1 purchase					(PERS)							
	Install/Purchase	S5160	U1	SC			NR ³	*	NR ³	*	Purchase	1 unit = 1 purchase



Spinal Cord Injury (SCI) Waiver

Version: 1.4

Date: 04/11/2019





Rates Effective March 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effecti 01/01/2	ive		Rate fective 01/2019	Unit Value	Comments
Monitoring	S5161	U1	SC			NR*		NR	*	Month	1 unit = 1 month
Respite Care Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facili										me, or a Nursing Facility	
ACF	S5151	U1	SC			\$ 58	3.39	\$	58.39	Day	
In-Home Respite	S5150	U1	SC			\$ 4	1.99	\$	4.99	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1	SC			\$ 130).21	\$	130.21	Day	
Community Transition	on Servi	ces									
Coordinator	T2038	U1	SC			\$ 7	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1	SC			\$ 1,500	0.00	\$ ^	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
						Legen					
НВ									m, non-g		
HR										ent present)	
KX							Requ	uiren	nents spe	cified in the m	edical policy have been
NR*	Negotia										
PUC*	Public Utility Commission Determined Rate										
SC	•					Medically	y Nec	cess	ary Servic	e or Supply)	
TF	Intermediate Level of care										
TN						rvice are					
TT										the same sett	
U1	Elderly,	Blind	, and [Disable	d (HCI	PCS Defn	n: Me	dicai	id Level o	f Care 1, as de	efined by each state)



Home and Community Based Services FY 18-19 Rate Schedules

Version: 1.2 Date: 03/08/2019



ADJUSTMENT TABLE										
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER								
HCBS EBD	0.000%	1.00000								
HCBS CMHS	0.000%	1.00000								
HCBS BI	0.000%	1.00000								
HCBS SCI	0.000%	1.00000								
HCBS DD	0.000%	1.00000								
HCBS TCM	0.000%	1.00000								
HCBS SLS	0.000%	1.00000								
HCBS/DDD/DHS CES	0.000%	1.00000								
HCBS/DDD/DHS CWA	0.000%	1.00000								
HCBS/DDD/DHS CLLI	0.000%	1.00000								
HCBS/DDD/DHS CHCBS	0.000%	1.00000								
HCBS/DDD/DHS CHRP	0.000%	1.00000								
DIDD Wage Pass Through	6.500%	1.06500								

